PTO/SB/06 (08-03)
Approved for use through 7/31/2008, OMB 0851-0032
U.S. Petent and Trademark Office; U.S. OEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  Application of Information unities it displays a valid OMB control not provide the page of th								control number.
	Substit	tate for Form PI	0-875	·		$L \mathcal{L}$	0//48	941
CLAIMS AS FILED - PART I (Column 1) (Column 2)				8MALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		- NUMB	ER EXTRA	RATE	FEE	]	RATE	FEE
BASIC FEE (27 CFR 1.18(a))							:770	
TOTAL CLAIMS (37 CFR 1.16(c))	2 Commus 2			X 5 0		OR	x siy =	108
INDEPENDENT CLAMAS G7 CFR 1.16(b)) 4 minus 3 =				x s -		OR	23	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,1860)			**	· ·	- aR			
					<del> </del>		+5	878
"If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	878
CLAIMS AS AMENDED - PART II								
	Column 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
	CLAIMS EMAINING AFTER KENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADCH TIONAL FEE
Total *	8 Minus	26	-	x s		OR	x s=	
Z Independent *	Minus	2		ж s		OR	x s=	
FIRST PRESENTATION OF WALTIFLE DEPENDENT CLANA (37 CFR 1.18(d)				+1 0		OR	•:	
volal, -			TOTAL			TOTAL		
1313105				ADD'L FEE		OR	ADD'L FEE	
	column 1)	(Column 2)	(Column 3)			1 :		
Z AM	EMAINING AFTER SAIDMENT	MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total O (27 CFR 1.10(c))	Minus	6	Ŀ	X 5=		OR	X 8=	
Ch Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. C	Mires	<u> </u>	=	x 3=		OR	x s=	
FIRST PRESBITATION OF MULTIPLE DEPONDENT CLAIM (37 CPR 1.16(d))				+5 2		OR	+: :	
			<del></del>	TOTAL ADOL FEE		OR I	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)				,		•	~~~~ [	
	CLASMS	(Column 2) HIGHEST	(Column 3)			1		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EMAINING AFTER ENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ch Chart inter	Minus	26	•	x &		OR	x e	
C (37 GFR 1.56(s)) Z Independent (37 GFR 1.56(s))	Minus	3	•	x 2		OR	x	
FREST PRESSNITATION OF MULTIPLE DEPENDENT CLAIM (NF CFR 1.19(4))				+, .		OR.		
				TOTAL ADD'L FEE		OR I	TOTAL / ADDL FEE	$\overline{}$
of the entry in column 1 is less than the entry in column 2, write '0' in column 3.     of the "Alghest Number Previously Pala For" BY THIS SPACE is less than 20, enter "20".								
The Highest Number Previously Paid For In 1 His SPACE is less than 3, caper 27.  The Highest Number Previously Paid For In 1 His SPACE is less than 3, caper 27.  The Highest Number Rendersh Paid For (Trital or Independent is the highest or under transfer to the passenger to the								

The "Highest Number Proviously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or rotatin a benefit by the public which is to fits (and by the USPTO to process) an application. Confiderdistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and estimating the completed application form to the USPTO. These will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complaing the form, call 1-600-PTO-9199 and select option 2.